

## Town of Essex Building Permit Application Residential \_\_\_ Commercial \_\_\_

Town of Essex Building Department 29 West Avenue, Essex, CT 06426

HVAC \_\_\_ PLMB \_\_\_ ELEC \_\_\_ CRS # \_\_\_\_\_ Sprinkler \_\_\_\_ Phone: 860-767-4340 Building Official x 117/Asst. 144 Fax: 860-767-8509 Permit # \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_ Zone: \_\_\_\_ Year Built: \_\_\_\_\_ Project Permit # Property Address: \_\_\_\_\_\_ Village: \_\_\_\_\_ Owner of Record: Attach copy of Contractors License & Certificate of Insurance for Worker's Compensation or State of CT Form 7A/7B) (No./Street/PO Box/City/State/Zip) Telephone/Cell# \_\_\_\_\_ E-mail address: \_\_ Type of Improvement: △ New Construction/addition △ New Shed/Garage/Barn △ New Deck △ Foundation Only △ Demolition △ Repair/Alteration △ Other Proposed Use: \_\_\_\_\_\_ Proposed Occupancy: \_\_\_\_\_ Description of proposed work :

Commercial Only (New Construction/Additions)	Construction Type:	Design Occupant Load:	
New Square Footage:	Sprinkler Provided: Y/N	Sprinkler Required: Y/N	

Electrical \$ \_\_\_\_\_ HVAC \$ \_\_\_\_ Plumbing \$ \_\_\_\_ Total Cost of Project \$ \_\_\_\_\_ \*\*\* Please make check payable to: Town of Essex Fee \$

(Note: Fee schedule available at www.essexct.gov.)

This application is to be accompanied by (2) sets of construction documents unless waived by the building official.

I hereby certify that I am the Owner of Record of the named property, or that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent. We agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief. In addition, if a permit for work described in this application is issued, I certify that the code official or the code officials authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce provisions of the code(s) applicable to such permit.

Applicant's Signature:			_ (Property owner/Contractor/demo contractor/authorized agent)			
					Date:	
Property Owner:			_ (for Demolition perm	it)	Date:	
Approved:						
Fire Marshal (Commercial only):	Tax	Dept	Zoning	Health		
	(initial)	(initial)	(initial)		(initial)	
Building Official:		Approved (Date):				
FILE-APPLICANT-OWNER-BINDER				3-20	)-14	

## Essex Building Department Inspection Request Form

Permit No:		Ma				
Project Address:				_		
Contractor: Telephone/Cell #						
Scope of Work:						
Type of Inspection	Date of inspection	Approval	Comments			
Footings						
Walls/Reinforcement						
Damp proofing/Footing Drains						
Electric Service Trench						
Electric Service						
Underground Electrical						
Rough Framing/Shear panels						
Rough Plumbing						
Rough HVAC/Duct						
Tightness						
Rough Electrical						
Air Sealing						
Insulation						
Underground Tank						
Underground Piping/Plumbing						
Sprinkler System						
Gas Pressure Test						
Gas Appliance						
Chimney/Fireplace Throat						
Driveway Approach						
Certificate of Occupancy/Completion						
Demolition Completion						
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